

CONTINUING PROFESSIONAL EDUCATION REPORTING FORM FOR DENTISTS/DENTAL HYGIENISTS
For CPE Completed 3/1/2008 – 2/28/2010

Name (as it appears on your license): _____ License No.: G ____ - _____

SEE REVERSE FOR COMPUTATION OF CPE REQUIRED.
CHECK HERE IF YOUR CE REQUIREMENT IS 0 : ☐ THEN SIGN AND DATE BELOW.

DATE(S) (must be 3/1/2008 – 2/28/2010)	TITLE / SPONSOR / LOCATION OF SEMINAR	HOURS CLAIMED
ENTER TOTAL		

I hereby certify that all the above information is accurate and true.

Signature _____ **Date** _____

ATTACH COPY OF YOUR CPR CARD TO THIS FORM – The expiration date must be after 5/31/2010.
IF THERE IS NO YELLOW AUDIT NOTICE IN YOUR PACKET, DO NOT ATTACH ANY CPE DOCUMENTATION.
THIS FORM IS NOT A LICENSE RENEWAL APPLICATION – Step 3 on the Official License Renewal Notice explains how to complete your renewal application.

For complete information on the CPE requirement, see Section 6.0 of the Board's Rules and Regulations available at www.dpr.delaware.gov. The following is a breakdown of the required hours:

IF YOU ARE A...	AND YOU WERE INITIALLY LICENSED...	THEN THE HOURS REQUIRED ARE:
Dentist	before March 1, 2008	50
	on or after March 1, 2008 but before March 1, 2009	25
	on or after March 1, 2009	0
Dental Hygienist	before March 1, 2008	24
	on or after March 1, 2008 but before March 1, 2009	12
	on or after March 1, 2009	0